

**Fill in this information to identify your case and this filing:**

Debtor 1 Joyce Ann Mays  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) \_\_\_\_\_  
First Name Middle Name Last Name

United States Bankruptcy Court for the: MIDDLE DIST. OF PENNSYLVANIA

Case number 1:16-bk-04310  
(if known)

☐ Check if this is an amended filing

Official Form 106A/B

**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In****1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

- ☐ No. Go to Part 2.  
☒ Yes. Where is the property?

1.1.

**133 N. Linden Street, Harrisburg, PA  
17103**

**Debtor's primary residence**

**Dauphin**  
County

**What is the property?**

Check all that apply.

- ☒ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

**Who has an interest in the property?**

Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another

Other information you wish to add about this item, such as local  
property identification number: 08-024-042-000-0000

Do not deduct secured claims or exemptions. Put the  
amount of any secured claims on *Schedule D:*  
*Creditors Who Have Claims Secured by Property.*

**Current value of the  
entire property?**\$40,000.00**Current value of the  
portion you own?**\$20,000.00

**Describe the nature of your ownership  
interest (such as fee simple, tenancy by the  
entireties, or a life estate), if known.**

Joint tenants

☐ Check if this is community property  
(see instructions)

**2. Add the dollar value of the portion you own for all of your entries from Part 1, including any  
entries for pages you have attached for Part 1. Write that number here.....****\$20,000.00****Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles  
you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases.*

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- ☐ No  
☒ Yes

Debtor 1 **Joyce** **Ann** **Mays** Case number (if known) **1:16-bk-04310**  
First Name Middle Name Last Name

3.1. **Who has an interest in the property?** Do not deduct secured claims or exemptions. Put the  
Make: **Chevy** Check one. amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.  
Model: **Malibu** ☒ Debtor 1 only  
Year: **2005** ☐ Debtor 2 only  
Approximate mileage: **166,000** ☐ Debtor 1 and Debtor 2 only **Current value of the entire property?** **Current value of the portion you own?**  
☐ At least one of the debtors and another **\$2,281.00** **\$2,281.00**

Other information:

**2005 Chevy Malibu (approx. 166000 miles)**

☐ Check if this is community property (see instructions)

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

*Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No  
☐ Yes

**5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....** →

**\$2,281.00**

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

*Examples:* Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe..... **Pots and pans \$75 approx 5 years old, microwave \$20 approx 5 years old, blender \$10 approx 5 years old, dishes and silverware \$20 approx 3 years old, dining room set-wood with 4 chairs approx 10 years old \$30, couch, love seat and ottoman set approx 8 years old \$50, bed frame, mattress, boxspring, (queen size) approx 10 years old \$20, wood dresser/mirror and two night stands approx 10 years old \$20, book shelf-wood \$5 approx 10 years old, bedroom set-headboard and footboard with mirror in headboard, mattress and boxspring (full size), dresser/wardrobe-wood \$40 approx 8 years old**

**\$290.00**

**7. Electronics**

*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe..... **TV flat screen 36inch approx 8 years old \$25**

**\$25.00**

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☐ No

☒ Yes. Describe..... **Books-300, \$1/book**

**\$300.00**

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.....

Debtor 1 **Joyce** **Ann** **Mays**  
First Name Middle Name Last Name

Case number (if known) **1:16-bk-04310**

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

- ☒ No  
☐ Yes. Describe.....

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- ☐ No  
☒ Yes. Describe..... **Pants, tops, dresses, shoes, jackets, purses, hats**

**\$200.00**

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

- ☐ No  
☒ Yes. Describe..... **Gold Necklace, 2 rings, earrings**

**\$200.00**

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

- ☒ No  
☐ Yes. Describe.....

**14. Any other personal and household items you did not already list, including any health aids you did not list**

- ☐ No  
☒ Yes. Give specific information..... **Glasses-10 pairs, \$5 per pair.**

**\$50.00**

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....**

**\$1,065.00**

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- ☐ No  
☒ Yes..... Cash: ..... **\$0.15**

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- ☒ No  
☐ Yes..... Institution name:

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

- ☒ No  
☐ Yes..... Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

- ☒ No  
☐ Yes. Give specific information about them..... Name of entity: % of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders. *Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

- ☒ No  
☐ Yes. Give specific information about them..... Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- ☒ No  
☐ Yes. List each account separately. Type of account: Institution name:

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company  
*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- ☒ No  
☐ Yes..... Institution name or individual:

**23. Annuities** (A contract for a specific periodic payment of money to you, either for life or for a number of years)

- ☒ No  
☐ Yes..... Issuer name and description:

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- ☒ No  
☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

- ☒ No  
☐ Yes. Give specific information about them \_\_\_\_\_

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No  
☐ Yes. Give specific information about them \_\_\_\_\_

**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No  
☐ Yes. Give specific information about them \_\_\_\_\_

Debtor 1 Joyce Ann Mays  
First Name Middle Name Last Name

Case number (if known) 1:16-bk-04310

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

- ☒ No  
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal: \$0.00  
State: \$0.00  
Local: \$0.00

**29. Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No  
☐ Yes. Give specific information

Alimony: \$0.00  
Maintenance: \$0.00  
Support: \$0.00  
Divorce settlement: \$0.00  
Property settlement: \$0.00

**30. Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No  
☐ Yes. Give specific information

**31. Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☒ No  
☐ Yes. Name the insurance company of each policy and list its value..... Company name:

Beneficiary: Surrender or refund value:

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

- ☒ No  
☐ Yes. Give specific information

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

- ☒ No  
☐ Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

- ☒ No  
☐ Yes. Describe each claim.....

**35. Any financial assets you did not already list**

- ☒ No  
☐ Yes. Give specific information

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

**\$0.15**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

- ☒ No. Go to Part 6.  
☐ Yes. Go to line 38.

**Current value of the  
portion you own?**  
Do not deduct secured  
claims or exemptions.

**38. Accounts receivable or commissions you already earned**

- ☒ No  
☐ Yes. Describe..

\_\_\_\_\_

**39. Office equipment, furnishings, and supplies**

*Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- ☒ No  
☐ Yes. Describe..

\_\_\_\_\_

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

- ☒ No  
☐ Yes. Describe..

\_\_\_\_\_

**41. Inventory**

- ☒ No  
☐ Yes. Describe..

\_\_\_\_\_

**42. Interests in partnerships or joint ventures**

- ☒ No  
☐ Yes. Describe..... Name of entity:

% of ownership:

**43. Customer lists, mailing lists, or other compilations**

- ☒ No  
☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?  
☐ No  
☐ Yes. Describe.....

\_\_\_\_\_

**44. Any business-related property you did not already list**

- ☒ No  
☐ Yes. Give specific information.

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....** →

**\$0.00**

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ☒ No. Go to Part 7.  
☐ Yes. Go to line 47.

Debtor 1 **Joyce** **Ann** **Mays**  
First Name Middle Name Last Name

Case number (if known) **1:16-bk-04310**

**Current value of the  
portion you own?**  
Do not deduct secured  
claims or exemptions.

**47. Farm animals**

*Examples:* Livestock, poultry, farm-raised fish

- ☒ No  
☐ Yes....

\_\_\_\_\_

**48. Crops--either growing or harvested**

- ☒ No  
☐ Yes. Give specific  
information.....

\_\_\_\_\_

**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

- ☒ No  
☐ Yes....

\_\_\_\_\_

**50. Farm and fishing supplies, chemicals, and feed**

- ☒ No  
☐ Yes....

\_\_\_\_\_

**51. Any farm- and commercial fishing-related property you did not already list**

- ☒ No  
☐ Yes. Give specific  
information.....

\_\_\_\_\_

**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here.....** →

**\$0.00**

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

*Examples:* Season tickets, country club membership

- ☒ No  
☐ Yes. Give specific information.

**54. Add the dollar value of all of your entries from Part 7. Write that number here.....** →

**\$0.00**

Debtor 1 Joyce Ann Mays  
First Name Middle Name Last Name

Case number (if known) 1:16-bk-04310

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2..... → \$20,000.00

56. Part 2: Total vehicles, line 5 \$2,281.00

57. Part 3: Total personal and household items, line 15 \$1,065.00

58. Part 4: Total financial assets, line 36 \$0.15

59. Part 5: Total business-related property, line 45 \$0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$0.00

61. Part 7: Total other property not listed, line 54 + \$0.00

62. Total personal property. Add lines 56 through 61..... \$3,346.15 Copy personal property total → + \$3,346.15

63. Total of all property on Schedule A/B. Add line 55 + line 62..... \$23,346.15



**Fill in this information to identify your case:**

|   |                                     |             |             |
|---|-------------------------------------|-------------|-------------|
| Debtor 1                                | <u>Joyce</u>                        | <u>Ann</u>  | <u>Mays</u> |
|   | First Name                          | Middle Name | Last Name   |
| Debtor 2<br>(Spouse, if filing)         |                                     |             |             |
|   | First Name                          | Middle Name | Last Name   |
| United States Bankruptcy Court for the: | <u>MIDDLE DIST. OF PENNSYLVANIA</u> |             |             |
| Case number<br>(if known)               | <u>1:16-bk-04310</u>                |             |             |

☐ Check if this is an amended filing
**Official Form 106C****Schedule C: The Property You Claim as Exempt****04/16**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property  | Current value of the portion you own    | Amount of the exemption you claim   | Specific laws that allow exemption  |
|---|---|---|---|
|   | Copy the value from <i>Schedule A/B</i> | Check only one box for each exemption   |   |
| Brief description:<br><b>Debtor's primary residence</b><br><b>Parcel: 08-024-042-000-0000</b><br>Line from <i>Schedule A/B</i> : <u>1.1</u> | <u>\$20,000.00</u>                      | <input type="checkbox"/> <u>                    </u><br><input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <b>11 U.S.C. § 522(d)(1) (Claimed: \$0.00)</b><br><b>100% of fair market value, up to any applicable statutory limit)</b>     |
| Brief description:<br><b>2005 Chevy Malibu (approx. 166000 miles)</b><br>Line from <i>Schedule A/B</i> : <u>3.1</u>                         | <u>\$2,281.00</u>                       | <input type="checkbox"/> <u>                    </u><br><input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <b>11 U.S.C. § 522(d)(2) (Claimed: \$2,281.00)</b><br><b>100% of fair market value, up to any applicable statutory limit)</b> |

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

**Part 2: Additional Page**

| Brief description of the property and line on Schedule A/B that lists this property  | Current value of the portion you own<br><br>Copy the value from Schedule A/B | Amount of the exemption you claim<br><br>Check only one box for each exemption  | Specific laws that allow exemption  |
|--|--|---|---|
| Brief description:<br><b>Pots and pans \$75 approx 5 years old, microwave \$20 approx 5 years old, blender \$10 approx 5 years old, dishes and silverware \$20 approx 3 years old, dining room set-wood with 4 chairs approx 10 years old \$30, couch, love seat and ottoman set approx 8 years old \$50, bed frame, mattress, boxspring, (queen size) approx 10 years old \$20, wood dresser/mirror and two night stands approx 10 years old \$20, book shelf-wood \$5 approx 10 years old, bedroom set-headboard and footboard with mirror in headboard, mattress and boxspring (full size), dresser/wardrobe-wood \$40 approx 8 years old</b><br>Line from Schedule A/B: <u>6</u> | <u>\$290.00</u>  | <input type="checkbox"/> _____<br><input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <b>11 U.S.C. § 522(d)(3) (Claimed: \$290.00)</b><br><b>100% of fair market value, up to any applicable statutory limit)</b> |
| Brief description:<br><b>TV flat screen 36inch approx 8 years old \$25</b><br>Line from Schedule A/B: <u>7</u>   | <u>\$25.00</u>   | <input type="checkbox"/> _____<br><input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <b>11 U.S.C. § 522(d)(3) (Claimed: \$25.00)</b><br><b>100% of fair market value, up to any applicable statutory limit)</b>  |
| Brief description:<br><b>Books-300, \$1/book</b><br>Line from Schedule A/B: <u>8</u>   | <u>\$300.00</u>  | <input type="checkbox"/> _____<br><input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <b>11 U.S.C. § 522(d)(3) (Claimed: \$300.00)</b><br><b>100% of fair market value, up to any applicable statutory limit)</b> |
| Brief description:<br><b>Pants, tops, dresses, shoes, jackets, purses, hats</b><br>Line from Schedule A/B: <u>11</u>   | <u>\$200.00</u>  | <input type="checkbox"/> _____<br><input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <b>11 U.S.C. § 522(d)(3) (Claimed: \$200.00)</b><br><b>100% of fair market value, up to any applicable statutory limit)</b> |
| Brief description:<br><b>Gold Necklace, 2 rings, earrings</b><br>Line from Schedule A/B: <u>12</u>   | <u>\$200.00</u>  | <input type="checkbox"/> _____<br><input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <b>11 U.S.C. § 522(d)(4) (Claimed: \$200.00)</b><br><b>100% of fair market value, up to any applicable statutory limit)</b> |
| Brief description:<br><b>Glasses-10 pairs, \$5 per pair.</b><br>Line from Schedule A/B: <u>14</u>  | <u>\$50.00</u>   | <input type="checkbox"/> _____<br><input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <b>11 U.S.C. § 522(d)(3) (Claimed: \$50.00)</b><br><b>100% of fair market value, up to any applicable statutory limit)</b>  |

Debtor 1 **Joyce** **Ann** **Mays** Case number (if known) **1:16-bk-04310**  
First Name Middle Name Last Name

**Part 2: Additional Page**

| Brief description of the property and line on<br><i>Schedule A/B</i> that lists this property | Current value of<br>the portion you<br>own<br><br>Copy the value from<br><i>Schedule A/B</i> | Amount of the<br>exemption you claim<br><br><i>Check only one box for<br/>each exemption</i>   | Specific laws that allow exemption   |
|---|--|--|--|
| Brief description:<br><b>.15</b><br><br>Line from <i>Schedule A/B</i> : <b>16</b>             | <b>\$0.15</b>  | <input type="checkbox"/><br><input checked="" type="checkbox"/> 100% of fair market<br>value, up to any<br>applicable statutory<br>limit | <b>11 U.S.C. § 522(d)(5) (Claimed:<br/>\$0.15<br/>100% of fair market value, up to any<br/>applicable statutory limit)</b> |

**Fill in this information to identify your case:**

Debtor 1 Joyce Ann Mays  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) \_\_\_\_\_  
First Name Middle Name Last Name

United States Bankruptcy Court for the: MIDDLE DIST. OF PENNSYLVANIA

Case number 1:16-bk-04310  
(if known)

☐ Check if this is an amended filing

**Official Form 106D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

- 2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A<br>Amount of claim<br>Do not deduct the<br>value of collateral | Column B<br>Value of collateral<br>that supports this<br>claim | Column C<br>Unsecured<br>portion<br>If any |
|---|--|--|
| \$138.75  | \$20,000.00  | \$138.75                                   |

2.1

**Describe the property that  
secures the claim:**County of Dauphin Board of Commis

Creditor's name

P.O. Box 1295

Number Street

**Debtor's principal residence**Harrisburg PA 17108  
City State ZIP Code**Who owes the debt?** Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

☐ Check if this claim relates  
to a community debt

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Nature of lien.** Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☐ Other (including a right to offset)

Date debt was incurred 1/30/96 Last 4 digits of account number \_\_\_\_\_

**Mortgage is in the name of Debtor's mother, Joanne Mays, who is deceased. Mortgage is attached to Debtor's principal residence.**

Add the dollar value of your entries in Column A on this page. Write  
that number here:

\$138.75

Debtor 1 **Joyce Ann Mays**  
First Name Middle Name Last Name

Case number (if known) **1:16-bk-04310**

**Part 1:**

**Additional Page**

After listing any entries on this page, number them sequentially from the previous page.

*Column A*  
**Amount of claim**  
Do not deduct the value of collateral

*Column B*  
**Value of collateral that supports this claim**

*Column C*  
**Unsecured portion**  
If any

2.2

Describe the property that secures the claim:

**\$3,000.00**

**\$20,000.00**

**\$3,000.00**

**Dauphin Deposit Bank and Trust Cor**

Creditor's name

**213 Market Street**

Number Street

**Debtor's primary residence**

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Nature of lien.** Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset)

**Who owes the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred **1/30/1996** Last 4 digits of account number \_\_\_\_\_

**Mortgage is in the name of Debtor's mother, Joanne Mays, who is deceased. Mortgage is attached to Debtor's primary residence. Mortgage given pursuant to Dauphin's Closing Cost Assistance Program.**

2.3

Describe the property that secures the claim:

**\$24,995.89**

**\$20,000.00**

**\$4,995.89**

**M&T Bank**

Creditor's name

**c/o KML Law Group**

Number Street

**BNY Mellon Independence Ctr, Suite**

**701 Market Street**

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Nature of lien.** Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☒ Judgment lien from a lawsuit  
☐ Other (including a right to offset)

**Who owes the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred **3/1/14** Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$27,995.89**

Debtor 1 **Joyce Ann Mays**  
First Name Middle Name Last Name

Case number (if known) **1:16-bk-04310**

**Part 1:**

**Additional Page**

After listing any entries on this page, number them sequentially from the previous page.

| Column A<br>Amount of claim<br>Do not deduct the<br>value of collateral | Column B<br>Value of collateral<br>that supports this<br>claim | Column C<br>Unsecured<br>portion<br>If any |
|---|--|--|
|---|--|--|

2.4

**PHFA-HEMAP**

Creditor's name

**PO Box 2461**

Number Street

Describe the property that  
secures the claim:

**Debtor's primary residence**

**\$5,761.00**

**\$20,000.00**

**\$5,761.00**

**Harrisburg PA 17102-2461**

City State ZIP Code

**Who owes the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim relates  
to a community debt

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Nature of lien.** Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset)

Date debt was incurred **2/5/2014**

Last 4 digits of account number **8 1 0 0**

2.5

**US Dept of Housing and Urban Dev**

Creditor's name

**Financial Control Accounting Div**

Number Street

**Cash and Securities, Room 3112**

**451 7th Street SW**

**Washington DC 20410**

City State ZIP Code

**Who owes the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another

☐ Check if this claim relates  
to a community debt

Describe the property that  
secures the claim:

**Debtor's principal residence**

**\$15,000.00**

**\$20,000.00**

**\$15,000.00**

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Nature of lien.** Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset)

Date debt was incurred **1/30/1996**

Last 4 digits of account number

**Mortgage is in the name of Debtor's mother, Joanne Mays, who is deceased. Mortgage is attached to Debtor's primary residence. Loan made under the Nehemiah Program to purchase a home constructed or substantially rehabilitated under the program which provides for no monthly payments.**

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$20,761.00**

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

**\$48,895.64**

Debtor 1 **Joyce** **Ann** **Mays**  
First Name Middle Name Last Name

Case number (if known) **1:16-bk-04310**

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|   |   |  |
|---|---|--|
| <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin-bottom: 5px;">1</div> | <div><b>M&amp;T Bank</b><br/>Name<br/><b>P.O. Box 1288</b><br/>Number Street<br/><br/><br/><b>Buffalo</b> <b>NY</b> <b>14240-1288</b><br/>City State ZIP Code</div> | <p>On which line in Part 1 did you enter the creditor? <u>2.3</u></p> <p>Last 4 digits of account number _____</p> |
| <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin-bottom: 5px;">2</div> | <div><b>M&amp;T Bank</b><br/>Name<br/><b>P.O. Box 1288</b><br/>Number Street<br/><br/><br/><b>Buffalo</b> <b>NY</b> <b>14240-1288</b><br/>City State ZIP Code</div> | <p>On which line in Part 1 did you enter the creditor? <u>2.2</u></p> <p>Last 4 digits of account number _____</p> |

**Fill in this information to identify your case:**

|   |                                     |             |             |
|---|-------------------------------------|-------------|-------------|
| Debtor 1                                | <u>Joyce</u>                        | <u>Ann</u>  | <u>Mays</u> |
|   | First Name                          | Middle Name | Last Name   |
| Debtor 2                                |                                     |             |             |
| (Spouse, if filing)                     | First Name                          | Middle Name | Last Name   |
| United States Bankruptcy Court for the: | <u>MIDDLE DIST. OF PENNSYLVANIA</u> |             |             |
| Case number (if known)                  | <u>1:16-bk-04310</u>                |             |             |

☐ Check if this is an amended filing

Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims against you?**

- ☒ No. Go to Part 2.  
☐ Yes.

**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| Total claim | Priority amount | Nonpriority amount |
|-------------|-----------------|--------------------|
|-------------|-----------------|--------------------|



**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.**

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

**Total claim**

4.1

**Berks Credit and Collections**

Nonpriority Creditor's Name  
**900 Corporate Drive**  
Number Street

**Reading** **PA** **19605**  
City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

4.2

**Bureau of Account Management**

Nonpriority Creditor's Name  
**3607 Rosemont Avenue, Suite 502**  
Number Street  
**PO Box 8875**

**Camp Hill** **PA** **17001-8875**  
City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **1 1 2 0**

When was the debt incurred? **6/19/2013**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for-Medical payment data**

**\$165.00**

Last 4 digits of account number **7 3 3 5**

When was the debt incurred? **10/10/16**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for - Pinnacle Health Emergency**

**\$461.00**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.3

\$1,284.53

**Capital Region Water**

Nonpriority Creditor's Name

**100 Pine Drive**

Number Street

Last 4 digits of account number 0 4 2 0

When was the debt incurred? 9/27/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Harrisburg**

**PA**

**17103**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**water service**

4.4

\$611.72

**City Treasurer**

Nonpriority Creditor's Name

**10 N. 2nd Street, Ste 103**

Number Street

Last 4 digits of account number 0 0 0 0

When was the debt incurred? 9/26/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Harrisburg**

**PA**

**17101-1679**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Arrearage**

The City of Harrisburg monthly utility billing

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.5

\$194.83

**Debt Recovery Solutions**

Nonpriority Creditor's Name

**6800 Jericho Turnpike, Suite 113E**

Number Street

**Syosset**

**NY**

**11791**

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 5 5 7 7

When was the debt incurred? 10/12/16

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for - Verizon PA Inc.**

4.6

Unknown

**District Court 12-1-02**

Nonpriority Creditor's Name

**2967-A N. 7th Street**

Number Street

**Harrisburg**

**PA**

**17110**

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Arrearage**

Fines associated with a non-traffic matter.

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.7

Unknown

**District Court 12-1-04**

Nonpriority Creditor's Name

**1520 Walnut Street**

Number Street

**Harrisburg**

**PA**

**17103**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Fines associated with a non-traffic matter.**

4.8

Unknown

**District Court 12-2-05**

Nonpriority Creditor's Name

**1300 Rolleston Street**

Number Street

**Harrisburg**

**PA**

**17104**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Fines associated with a non-traffic matter.**

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? 2007

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Arrearage**

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? 2011

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Arrearage**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.9

Unknown

**District Court 12-3-04**

Nonpriority Creditor's Name

**576 E. Main Street**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? 2012

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Hummelstown PA 17036**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Fines associated with a non-traffic matter.

4.10

\$309.00

**Enhanced Recovery Company**

Nonpriority Creditor's Name

**PO Box 57547**

Number Street

Last 4 digits of account number 3 0 4 6

When was the debt incurred? 7/21/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Jacksonville FL 32241**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for-Comcast cable communications**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.11

\$338.89

**F.H. Cann & Associates, Inc.**

Nonpriority Creditor's Name

**1600 Osgood St.**

Number Street

**Suite 20-2/120**

**North Andover**

**MA**

**01845**

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 4 6 4 9

When was the debt incurred? 10/14/16

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for - Santander Bank**

4.12

Unknown

**Hamilton Health Center**

Nonpriority Creditor's Name

**110 S. 17th Street**

Number Street

**Harrisburg**

**PA**

**17104**

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Notice Only**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.13

\$0.00

**Kay Jewelers**

Nonpriority Creditor's Name

**375 Ghent Road**

Number Street

Last 4 digits of account number **3 0 8 5**

When was the debt incurred? **12/16/2011**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Fairlawn**

**OH**

**44333-4601**

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Notice Only**

4.14

\$40.00

**Lower Paxton Township**

Nonpriority Creditor's Name

**425 Prince Street, Suite 320**

Number Street

Last 4 digits of account number **6 1 0 7**

When was the debt incurred? **9/4/16**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Harrisburg**

**PA**

**17109**

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Parking ticket**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.15

\$318.00

**National Recovery Agency**

Nonpriority Creditor's Name

**2491 Paxton Street**

Number Street

Last 4 digits of account number 3 0 2 8

When was the debt incurred? 12/6/2012

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Harrisburg**

**PA 17111**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for-West Shore Anesthesia Assoc,**

4.16

\$1,000.00

**Orthopedic Institute of Pennsylvania**

Nonpriority Creditor's Name

**3399 Trindle Road**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? 9/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Camp Hill**

**PA 17011**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Arrearage**



**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

Unknown

4.17

**PECO Bankruptcy Group**

Nonpriority Creditor's Name

**2301 Market Street, S4-2**

Number Street

**Philadelphia**

City

**PA**

State

**19103**

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Arrearage**

4.18

**PGW**

Nonpriority Creditor's Name

**800 W. Montgomery Ave**

Number Street

**Philadelphia**

City

**PA**

State

**19122**

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Arrearage**

Unknown

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

Unknown

4.19

**Pinnacle Health Hospitals**

Nonpriority Creditor's Name

**PO Box 8700**

Number Street

**Harrisburg**

**PA**

**17105-8700**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

When was the debt incurred? 10/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☒ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify

4.20

**PPL Electric Utilities**

Nonpriority Creditor's Name

**827 Hausman Road**

Number Street

**Allentown**

**PA**

**18104-9392**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

8 0 1 9

When was the debt incurred? 10/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Arrearage**

\$270.00

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

Unknown

4.21

**Quest Diagnostics**

Nonpriority Creditor's Name

**110 S. 17th Street**

Number Street

**Harrisburg**

City

**PA**

State

**17104**

ZIP Code

**Who incurred the debt?**

Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number

— — — —

**When was the debt incurred?**

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Notice Only**

4.22

**The Arlington Group**

Nonpriority Creditor's Name

**820 Sir Thomas Court**

Number Street

**Harrisburg**

City

**PA**

State

**17109-4839**

ZIP Code

**Who incurred the debt?**

Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number

7 0 8 9

**When was the debt incurred?**

12/21/2015

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Arrearage**

\$185.35

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.23

\$74.00

**Torres Credit Services, Inc.**

Nonpriority Creditor's Name

**PO Box 189**

Number Street

**Carlisle**

**PA**

**17013**

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 1 3 5 6

When was the debt incurred? 9/4/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collecting for -Metro Bank**

4.24

\$126.30

**UGI Utilities**

Nonpriority Creditor's Name

**2525 North 12th Street**

Number Street

**Suite 360**

**Reading**

**PA**

**19605**

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 9 0 2 6

When was the debt incurred? 9/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Arrearage**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.25

**\$194.00**

**Verizon**

Nonpriority Creditor's Name  
**500 Technology Drive**  
Number Street  
**Suite 300**

Last 4 digits of account number 8 6 8 8

When was the debt incurred? 3/11/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Weldon Spring** **MO** **63304**  
City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Arrearage**

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

|  |   |
|--|---|
| <b>Comcast Corp</b><br>Name<br><b>Comcast Center</b><br>Number Street<br><b>1701 JFK Boulevard</b> | On which entry in Part 1 or Part 2 did you list the original creditor?<br>Line _____ of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims<br><input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims                  |
| <b>Philadelphia</b> <b>PA</b> <b>19103</b><br>City State ZIP Code                                  | Last 4 digits of account number _____   |
| <b>First National Bank</b><br>Name<br><b>One North Shore Center</b><br>Number Street               | On which entry in Part 1 or Part 2 did you list the original creditor?<br>Line _____ of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims<br><input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims                  |
| <b>Pittsburgh</b> <b>PA</b> <b>15212</b><br>City State ZIP Code                                    | Last 4 digits of account number _____   |
| <b>Torres Credit Services</b><br>Name<br><b>27 Fairview Street, Suite 301</b><br>Number Street     | On which entry in Part 1 or Part 2 did you list the original creditor?<br>Line <u>4.23</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims<br><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
| <b>Carlisle</b> <b>PA</b> <b>17015</b><br>City State ZIP Code                                      | Last 4 digits of account number _____   |
| <b>West Shore Anesthesia Assoc.</b><br>Name<br><b>503 North 21st Street</b><br>Number Street       | On which entry in Part 1 or Part 2 did you list the original creditor?<br>Line _____ of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims<br><input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims                  |
| <b>Camp Hill</b> <b>PA</b> <b>17011</b><br>City State ZIP Code                                     | Last 4 digits of account number _____   |

Debtor 1 **Joyce** **Ann** **Mays**  
First Name Middle Name Last Name

Case number (if known) **1:16-bk-04310**

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.  
28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|                             |   | Total claim         |
|-----------------------------|---|---------------------|
| Total claims<br>from Part 1 | 6a. Domestic support obligations  | 6a. <u>\$0.00</u>   |
|                             | 6b. Taxes and certain other debts you owe the government                    | 6b. <u>\$0.00</u>   |
|                             | 6c. Claims for death or personal injury while you were intoxicated          | 6c. <u>\$0.00</u>   |
|                             | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. + <u>\$0.00</u> |
|                             | 6e. Total. Add lines 6a through 6d.   | 6d. <u>\$0.00</u>   |

|                             |   | Total claim             |
|-----------------------------|---|-------------------------|
| Total claims<br>from Part 2 | 6f. Student loans   | 6f. <u>\$0.00</u>       |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. <u>\$0.00</u>       |
|                             | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. <u>\$0.00</u>       |
|                             | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. + <u>\$5,572.62</u> |
|                             | 6j. Total. Add lines 6f through 6i.   | 6j. <u>\$5,572.62</u>   |

**Fill in this information to identify your case:**

|   |                                     |             |             |
|---|-------------------------------------|-------------|-------------|
| Debtor 1                                | <u>Joyce</u>                        | <u>Ann</u>  | <u>Mays</u> |
|   | First Name                          | Middle Name | Last Name   |
|   |                                     |             |             |
| Debtor 2                                | _____                               |             |             |
| (Spouse, if filing)                     | First Name                          | Middle Name | Last Name   |
|   |                                     |             |             |
| United States Bankruptcy Court for the: | <u>MIDDLE DIST. OF PENNSYLVANIA</u> |             |             |
|   |                                     |             |             |
| Case number                             | <u>1:16-bk-04310</u>                |             |             |
| (if known)                              | _____                               |             |             |

☐ Check if this is an amended filing

Official Form 106G

**Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

Person or company with whom you have the contract or lease

State what the contract or lease is for



**Fill in this information to identify your case:**

Debtor 1 Joyce Ann Mays  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing)                                                                 
First Name Middle Name Last Name

United States Bankruptcy Court for the: MIDDLE DIST. OF PENNSYLVANIA

Case number 1:16-bk-04310  
(if known)

☐ Check if this is an amended filing

## Official Form 106H

**Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)  
☐ No  
☒ Yes
2. **Within the last 8 years, have you lived in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)  
☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
☐ No  
☐ Yes
3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1 **Jesse D. Pitt, Jr.**  
Name  
**133 N. Linden Street**  
Number Street  
**Harrisburg PA 17103**  
City State ZIP Code

☒ Schedule D, line 2.3  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_  
**M&T Bank**

3.2 **Jesse Pitt Jr.**  
Name  
**133 N. Linden Street**  
Number Street  
**Harrisburg PA 17103**  
City State ZIP Code

☒ Schedule D, line 2.1  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_  
**County of Dauphin Board of Commissioners**

Debtor 1 **Joyce** **Ann** **Mays**  
First Name Middle Name Last Name

Case number (if known) **1:16-bk-04310**

**Additional Page to List More Codebtors**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

**3.3** **Jesse Pitt Jr.**  
Name  
**133 N. Linden Street**  
Number Street  
**Harrisburg** **PA** **17103**  
City State ZIP Code

☒ Schedule D, line **2.2**  
☐ Schedule E/F, line  
☐ Schedule G, line

**Dauphin Deposit Bank and Trust Company**

**3.4** **Jesse Pitt Jr.**  
Name  
**133 N. Linden Street**  
Number Street  
**Harrisburg** **PA** **17103**  
City State ZIP Code

☐ Schedule D, line  
☒ Schedule E/F, line **4.4**  
☐ Schedule G, line

**City Treasurer**

**3.5** **Jesse Pitt, Jr.**  
Name  
**133 N. Linden Street**  
Number Street  
**Harrisburg** **PA** **17103**  
City State ZIP Code

☒ Schedule D, line **2.5**  
☐ Schedule E/F, line  
☐ Schedule G, line

**US Dept of Housing and Urban Dev**

**Fill in this information to identify your case:**

|   |                                     |             |             |
|---|-------------------------------------|-------------|-------------|
| Debtor 1                                | <u>Joyce</u>                        | <u>Ann</u>  | <u>Mays</u> |
|   | First Name                          | Middle Name | Last Name   |
| Debtor 2<br>(Spouse, if filing)         | _____                               | _____       | _____       |
|   | First Name                          | Middle Name | Last Name   |
| United States Bankruptcy Court for the: | <u>MIDDLE DIST. OF PENNSYLVANIA</u> |             |             |
| Case number<br>(if known)               | <u>1:16-bk-04310</u>                |             |             |

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

Official Form 106I

**Schedule I: Your Income****12/15**

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment****1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status****Occupation****Employer's name****Employer's address****Debtor 1**

- ☒ Employed  
☐ Not employed

TelemarketerSilverback Network, Inc.1414 N. Cameron Street

Number Street

Harrisburg

City

PA 17103

State Zip Code

**Debtor 2 or non-filing spouse**

- ☐ Employed  
☐ Not employed

Number Street

City

State Zip Code

How long employed there? 2 months**Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

|   | <u>For Debtor 1</u> | <u>For Debtor 2 or non-filing spouse</u> |
|---|---------------------|--|
| 2. <b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. <u>\$730.95</u>  | _____                                    |
| 3. <b>Estimate and list monthly overtime pay.</b>   | 3. + <u>\$0.00</u>  | _____                                    |
| 4. <b>Calculate gross income.</b> Add line 2 + line 3.  | 4. <u>\$730.95</u>  | _____                                    |

|  |       | For Debtor 1    | For Debtor 2 or<br>non-filing spouse         |
|--|-------|-----------------|--|
| Copy line 4 here .....   | → 4.  | <b>\$730.95</b> |  |
| <b>5. List all payroll deductions:</b>   |       |                 |  |
| 5a. Tax, Medicare, and Social Security deductions  | 5a.   | <b>\$98.98</b>  |  |
| 5b. Mandatory contributions for retirement plans   | 5b.   | <b>\$0.00</b>   |  |
| 5c. Voluntary contributions for retirement plans   | 5c.   | <b>\$0.00</b>   |  |
| 5d. Required repayments of retirement fund loans   | 5d.   | <b>\$0.00</b>   |  |
| 5e. Insurance  | 5e.   | <b>\$0.00</b>   |  |
| 5f. Domestic support obligations   | 5f.   | <b>\$0.00</b>   |  |
| 5g. Union dues   | 5g.   | <b>\$0.00</b>   |  |
| 5h. Other deductions.<br>Specify: <b>See continuation sheet</b>  | 5h. + | <b>\$36.82</b>  |  |
| <b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.   | 6.    | <b>\$135.80</b> |  |
| <b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.  | 7.    | <b>\$595.15</b> |  |
| <b>8. List all other income regularly received:</b>  |       |                 |  |
| 8a. Net income from rental property and from operating a business, profession, or farm<br><br>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  | 8a.   | <b>\$0.00</b>   |  |
| 8b. Interest and dividends   | 8b.   | <b>\$0.00</b>   |  |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive<br><br>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.   | <b>\$0.00</b>   |  |
| 8d. Unemployment compensation  | 8d.   | <b>\$0.00</b>   |  |
| 8e. Social Security  | 8e.   | <b>\$0.00</b>   |  |
| 8f. Other government assistance that you regularly receive<br><br>Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.<br>Specify: <b>Food stamps</b>  | 8f.   | <b>\$127.00</b> |  |
| 8g. Pension or retirement income   | 8g.   | <b>\$0.00</b>   |  |
| 8h. Other monthly income.<br>Specify: <b>Home health care provided to relative</b>   | 8h. + | <b>\$260.00</b> |  |
| <b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.   | 9.    | <b>\$387.00</b> |  |
| <b>10. Calculate monthly income.</b> Add line 7 + line 9.<br>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.   | <b>\$982.15</b> | <b>\$982.15</b>                              |
| <b>11. State all other regular contributions to the expenses that you list in Schedule J.</b><br>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.<br><br>Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.<br>Specify: <b>Contributions from an unmarried partner/household member</b> | 11. + |                 | <b>\$430.00</b>                              |
| <b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.   | 12.   |                 | <b>\$1,412.15</b><br>Combined monthly income |

Debtor 1 **Joyce** **Ann** **Mays** Case number (if known) **1:16-bk-04310**  
First Name Middle Name Last Name

**13. Do you expect an increase or decrease within the year after you file this form?**

☐ No.

☒ Yes. Explain:

**Debtor is actively seeeking additional employment.**

Debtor 1 **Joyce** **Ann** **Mays** Case number (if known) **1:16-bk-04310**  
First Name Middle Name Last Name

| 5h. Other Payroll Deductions (details) | For Debtor 1                  | For Debtor 2 or<br>non-filing spouse |
|--|-------------------------------|--------------------------------------|
| <u>Harrisburg C Inc Tax</u>            | <u>\$14.63</u>                | <u>          </u>                    |
| <u>PA SUI</u>                          | <u>\$0.52</u>                 | <u>          </u>                    |
| <u>Local service tax</u>               | <u>\$21.67</u>                | <u>          </u>                    |
| Totals:                                | <div><div>\$36.82</div></div> | <div><div>          </div></div>     |

**Fill in this information to identify your case:**

|   |                                     |             |             |
|---|-------------------------------------|-------------|-------------|
| Debtor 1                                | <u>Joyce</u>                        | <u>Ann</u>  | <u>Mays</u> |
|   | First Name                          | Middle Name | Last Name   |
|   |                                     |             |             |
| Debtor 2<br>(Spouse, if filing)         | First Name                          | Middle Name | Last Name   |
|   |                                     |             |             |
| United States Bankruptcy Court for the: | <u>MIDDLE DIST. OF PENNSYLVANIA</u> |             |             |
| Case number<br>(if known)               | <u>1:16-bk-04310</u>                |             |             |

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

**Official Form 106J****Schedule J: Your Expenses****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household****1. Is this a joint case?**

- ☒ No. Go to line 2.
- ☐ Yes. **Does Debtor 2 live in a separate household?**
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

**2. Do you have dependents?**

- ☒ No
- ☐ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

| Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
|--|-----------------|-------------------------------|
| _____  | _____           | <input type="checkbox"/> No   |
| _____  | _____           | <input type="checkbox"/> Yes  |
| _____  | _____           | <input type="checkbox"/> No   |
| _____  | _____           | <input type="checkbox"/> Yes  |
| _____  | _____           | <input type="checkbox"/> No   |
| _____  | _____           | <input type="checkbox"/> Yes  |
| _____  | _____           | <input type="checkbox"/> No   |
| _____  | _____           | <input type="checkbox"/> Yes  |

**3. Do your expenses include expenses of people other than yourself and your dependents?**

- ☒ No
- ☐ Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

**Your expenses****4. The rental or home ownership expenses for your residence.**  
Include first mortgage payments and any rent for the ground or lot.4. \$429.27**If not included in line 4:**

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \_\_\_\_\_

4b. \_\_\_\_\_

4c. \_\_\_\_\_

4d. \_\_\_\_\_

Debtor 1 **Joyce** **Ann** **Mays**  
First Name Middle Name Last Name

Case number (if known) **1:16-bk-04310**

**Your expenses**

|  |      |                 |
|--|------|-----------------|
| <b>5. Additional mortgage payments for your residence, such as home equity loans</b>   | 5.   |                 |
| <b>6. Utilities:</b>   |      |                 |
| 6a. Electricity, heat, natural gas   | 6a.  | <b>\$170.00</b> |
| 6b. Water, sewer, garbage collection   | 6b.  | <b>\$100.00</b> |
| 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6c.  | <b>\$50.00</b>  |
| 6d. Other. Specify: _____  | 6d.  |                 |
| <b>7. Food and housekeeping supplies</b>   | 7.   | <b>\$127.00</b> |
| <b>8. Childcare and children's education costs</b>   | 8.   |                 |
| <b>9. Clothing, laundry, and dry cleaning</b>  | 9.   |                 |
| <b>10. Personal care products and services</b>   | 10.  | <b>\$25.00</b>  |
| <b>11. Medical and dental expenses</b>   | 11.  |                 |
| <b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.   | 12.  | <b>\$50.00</b>  |
| <b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>  | 13.  |                 |
| <b>14. Charitable contributions and religious donations</b>  | 14.  |                 |
| <b>15. Insurance.</b><br>Do not include insurance deducted from your pay or included in lines 4 or 20.   |      |                 |
| 15a. Life insurance  | 15a. |                 |
| 15b. Health insurance  | 15b. |                 |
| 15c. Vehicle insurance   | 15c. |                 |
| 15d. Other insurance. Specify: _____   | 15d. |                 |
| <b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.<br>Specify: _____  | 16.  |                 |
| <b>17. Installment or lease payments:</b>  |      |                 |
| 17a. Car payments for Vehicle 1  | 17a. |                 |
| 17b. Car payments for Vehicle 2  | 17b. |                 |
| 17c. Other. Specify: _____   | 17c. |                 |
| 17d. Other. Specify: _____   | 17d. |                 |
| <b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b> | 18.  |                 |
| <b>19. Other payments you make to support others who do not live with you.</b><br>Specify: _____   | 19.  |                 |



Debtor 1 Joyce Ann Mays  
First Name Middle Name Last Name

Case number (if known) 1:16-bk-04310

**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

|   |      |  |
|---|------|--|
| 20a. Mortgages on other property                  | 20a. |  |
| 20b. Real estate taxes                            | 20b. |  |
| 20c. Property, homeowner's, or renter's insurance | 20c. |  |
| 20d. Maintenance, repair, and upkeep expenses     | 20d. |  |
| 20e. Homeowner's association or condominium dues  | 20e. |  |

**21. Other.** Specify: Cigarettes 21. + \$50.00

**22. Calculate your monthly expenses.**

|   |      |                   |
|---|------|-------------------|
| 22a. Add lines 4 through 21.  | 22a. | <u>\$1,001.27</u> |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2. | 22b. |                   |
| 22c. Add line 22a and 22b. The result is your monthly expenses.                       | 22c. | <u>\$1,001.27</u> |

**23. Calculate your monthly net income.**

|   |      |                   |
|---|------|-------------------|
| 23a. Copy line 12 (your combined monthly income) from Schedule I.                                       | 23a. | <u>\$1,412.15</u> |
| 23b. Copy your monthly expenses from line 22c above.  | 23b. | <u>\$1,001.27</u> |
| 23c. Subtract your monthly expenses from your monthly income.<br>The result is your monthly net income. | 23c. | <u>\$410.88</u>   |

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes. Explain here:

**None.**

**Fill in this information to identify your case:**

|   |                                     |             |             |
|---|-------------------------------------|-------------|-------------|
| Debtor 1                                | <u>Joyce</u>                        | <u>Ann</u>  | <u>Mays</u> |
|   | First Name                          | Middle Name | Last Name   |
|   |                                     |             |             |
| Debtor 2                                |                                     |             |             |
| (Spouse, if filing)                     | First Name                          | Middle Name | Last Name   |
|   |                                     |             |             |
| United States Bankruptcy Court for the: | <u>MIDDLE DIST. OF PENNSYLVANIA</u> |             |             |
|   |                                     |             |             |
| Case number                             | <u>1:16-bk-04310</u>                |             |             |
| (if known)                              |                                     |             |             |

☐ Check if this is an amended filing

**Official Form 106Sum****Summary of Your Assets and Liabilities and Certain Statistical Information****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

**Part 1: Summarize Your Assets**

**Your assets**  
Value of what you own

**1. Schedule A/B: Property** (Official Form 106A/B)

|   |                    |
|---|--------------------|
| 1a. Copy line 55, Total real estate, from Schedule A/B.....       | <u>\$20,000.00</u> |
| 1b. Copy line 62, Total personal property, from Schedule A/B..... | <u>\$3,346.15</u>  |
| 1c. Copy line 63, Total of all property on Schedule A/B.....      | <u>\$23,346.15</u> |

**Part 2: Summarize Your Liabilities**

**Your liabilities**  
Amount you owe

**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

|   |                    |
|---|--------------------|
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D..... | <u>\$48,895.64</u> |
|---|--------------------|

**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

|  |                   |
|--|-------------------|
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....    | <u>\$0.00</u>     |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... | <u>\$5,572.62</u> |

**Your total liabilities****\$54,468.26**

Debtor 1 Joyce Ann Mays  
First Name Middle Name Last Name

Case number (if known) 1:16-bk-04310

**Part 3: Summarize Your Income and Expenses**

4. *Schedule I: Your Income* (Official Form 106I)  
Copy your combined monthly income from line 12 of Schedule I..... **\$1,412.15**
5. *Schedule J: Your Expenses* (Official Form 106J)  
Copy your monthly expenses from line 22c of Schedule J..... **\$1,001.27**

**Part 4: Answer These Questions for Administrative and Statistical Records**

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

**\$1,314.53**

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:

**Total claim**

**From Part 4 on *Schedule E/F*, copy the following:**

- |  |                        |
|--|------------------------|
| 9a. Domestic support obligations. (Copy line 6a.)  | <u>\$0.00</u>          |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | <u>\$0.00</u>          |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | <u>\$0.00</u>          |
| 9d. Student loans. (Copy line 6f.)   | <u>\$0.00</u>          |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | <u>\$0.00</u>          |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | <b>+</b> <u>\$0.00</u> |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | <b>\$0.00</b>          |

**Fill in this information to identify your case:**

Debtor 1      Joyce      Ann      Mays  
First Name      Middle Name      Last Name

Debtor 2  
(Spouse, if filing)      \_\_\_\_\_  
First Name      Middle Name      Last Name

United States Bankruptcy Court for the: MIDDLE DIST. OF PENNSYLVANIA

Case number      1:16-bk-04310  
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules****12/15**

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X** /s/ Joyce Ann Mays  
Joyce Ann Mays, Debtor 1

Date 11/01/2016  
MM / DD / YYYY

**X** \_\_\_\_\_  
Signature of Debtor 2

Date \_\_\_\_\_  
MM / DD / YYYY